



# Drug-driving and road safety – The experiences of Germany

External Affairs & Advocacy  
DEKRA e.V. Representation to the  
EU in Brussels



# Drug-driving and road safety – the experiences of Germany



## Agenda

1. The German Cannabis Act (CanG) and Amendments to the Road Traffic Act
  - New THC driving limit
  - Police enforcement in Germany
  - Medical Cannabis Patients case
2. Abuses in the Medical Cannabis Market
3. The importance of driving fitness assessments
  - Update of Driver's Licence Regulations (FeV)
  - Specific focus on physical and mental fitness of young drivers
4. Key findings from recent studies after the entry into force of CanG
5. DEKRA recommendations



# Drug-driving and road safety – the experiences of Germany

## I - The German Cannabis Act (CanG) and Amendments to the Road Traffic Act

### Objective of the CanG: contributing to decriminalization

#### “Green Rush”

- **Positive image & increased social acceptance of cannabis products**

#### Legislative initiative:

- **Milestones:**
  - Improved health protection
  - Strengthening cannabis-related education and prevention
  - Curbing the black market
  - Ensuring the quality of cannabis for consumption
- **As from 1 April 2024,, the following is permitted:**

Possession of up to 50 grams of cannabis for personal use; private home cultivation by adults of up to three cannabis plants for non-commercial personal use; and carrying up to 25 grams.

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## Amendment to the Road Traffic Act after adoption of German Cannabis Act (CanG)

### ❑ THC driving limit

Germany has set the **legal THC driving limit at 3.5 ng/ml of active THC in the blood**. This threshold is designed to differentiate between recent use with possible impairment and residual THC from past consumption. This is deemed to represent the equivalent risk of 20 milligrams of alcohol per 100 milliliters of blood, which is legal in Germany.

**An equal treatment of alcohol and cannabis is neither scientifically justified nor medically reasonable, as their effects on driving ability, metabolism, and impairment patterns differ significantly.**

The new THC driving limit means:

- Levels below 3.5 ng/ml not automatically trigger punishment.
- Levels above 3.5 ng/ml may result in fines, license suspension, or even a medical-psychological assessment (MPU).
- A zero-tolerance rule still applies to drivers under 21 and those with probationary licenses.

The law uses active THC concentration to reflect actual impairment, not just use. This is supported by scientific studies showing:

- Levels under 2 ng/ml rarely cause noticeable impairment.
- 3.5–5.0 ng/ml is considered a potential risk zone, but highly individual.
- Above 5 ng/ml, impairment becomes likely in most drivers.

- The law also include cannabis ban for novice drivers and prohibits the mixed consumption of cannabis and alcohol.

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## Amendment to the Road Traffic Act after adoption of German Cannabis Act (CanG)

❑ Police enforcement in Germany include :

- Field sobriety checks
- Rapid saliva tests
- If positive: blood tests at an authorized lab

If THC exceeds the 3.5 ng/ml threshold, and behavioral signs suggest impairment, authorities may:

- Impose fines up to €1,500
- Add points to the official driver record system, keeping track of traffic violations and penalty points for drivers (Fahreignungsregister)
- Mandate an MPU (medical-psychological assessment)
- Revoke the driver's license

MPU requirements can still be triggered if the police suspect dependency, even if under the threshold.

Even without behavioral signs, repeated elevated levels may prompt the driving authority to request an MPU to evaluate your long-term fitness to drive.

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## Amendment to the Road Traffic Act after adoption of German Cannabis Act (CanG)

### ❑ Medical Cannabis Patients case

For patients using prescribed cannabis for conditions like chronic pain, Post-Traumatic Stress Disorder (PTSD) or/and Multiple Sclerosis (MS), the new rules allow them to continue to drive. Previously, these users were punished under zero-tolerance policies, even with prescriptions.

The specific rule is the following :

- Patients must carry their medical cannabis license when driving.
- They are still subject to testing, but exemption is possible if under the limit.
- They must prove that they are not impaired and that the dose was medically justified.

Medical users who drive should keep records of prescriptions, dosage, and use times. Failure to do so could lead to unwanted legal complications and even an MPU wegen Drogen (MPU due to drugs).

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## II - German Cannabis Act (CanG) Abuses in the Medical Cannabis Market

### ❑ Abuses in the Medical Cannabis Market

Medical cannabis is now frequently prescribed for less serious conditions. It's available through telemedicine platforms, without any prior medical examination.

In addition, high-potency cannabis flowers are being prescribed more and more often, while safer alternatives such as capsules or CBD-based products are used less. The result is an increased risk of accidents, along with uncertainty for both patients and authorities.

- There is a **lack of information for the public regarding fitness to drive after cannabis consumption** : Unlike alcohol, there is no standardized legal threshold for THC that individuals can use as a reference. The danger lies in the fact that many patients mistakenly believe they are fit to drive even with high THC concentrations. As prescriptions become more common, the number of people using cannabis as long-term treatment is also rising, and the question of driving ability under prolonged treatment is becoming increasingly critical.
- **Driving fitness assessments are crucial** : Doubts about driving fitness can only be resolved through a qualified assessment, for example in an accredited evaluation center, which ensures proper medical use and prevents misuse, without automatically excluding from driving those who have legitimate medical needs.

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## III - The importance of driving fitness assessments

### The new §13a Driver's Licence Regulations (FeV) – Clarification of fitness doubts in cases of cannabis-related issues

**❑ For the preparation of decisions regarding the issuance or renewal of a driver's licence or the imposition of restrictions or conditions, the licensing authority shall order that:**

- 1) a medical report (§11 paragraph 2 sentence 3) be submitted if facts justify the assumption of cannabis dependence, or
- 2) a medical-psychological report be submitted if
  - a) according to the medical report, there is no cannabis dependence, but signs of cannabis misuse exist, or other facts justify the assumption of cannabis misuse,
  - b) repeated violations in road traffic under the influence of cannabis have occurred,
  - c) the driver's licence was previously revoked for reasons mentioned under points a or b, or
  - d) it is otherwise necessary to clarify whether cannabis misuse or cannabis dependence no longer exists.



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## The updated Driver's Licence Regulations (FeV) – Clarification of fitness doubts in cases of cannabis-related issues

- ❑ **A major problem was that §14 paragraph 1 sentence 3 was repealed:**  
“The submission of a medical-psychological report may be ordered if occasional cannabis use occurs and other facts raise doubts about fitness to drive.”
- ❑ And the Annex 4 of the Driver's Licence Regulations (FeV) was modified so that:
  - **For regular cannabis users (daily/almost daily), consumption no longer automatically result in unfitness and revocation of the driver's licence.**
  - **For occasional cannabis users, other factors additionally relevant for fitness to drive (e.g., mixed use with alcohol/other psychoactive substances, personality disorders, loss of control) will no longer apply.**
- ❑ This mean that **Fitness-to-drive assessments due to high-frequency or high-dose cannabis use are therefore no longer possible!**  
→ An MPU (medical-psychological assessment) can only be required if there are indications of dependence or cannabis misuse.

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## Specific focus on physical and mental fitness of young drivers

- ❑ Higher road safety risks for young drivers, especially young men

Novice drivers often struggle with accepting and following traffic rules, influenced not only by ability but also by willingness to take risks, especially pronounced in young men. This risk-taking is linked to both socialization and hormones like testosterone. During puberty, high testosterone levels combined with still-developing brains create a mismatch: impulsive, risk-prone behavior is strong, while the frontal brain regions responsible for planning and caution are not fully matured. As a result, young drivers are more likely to act spontaneously and handle risks unsafely, leading to road accidents.

- ❑ Alcohol and drug consumption road safety risks

Drug-related unsafe driving among young drivers has been an increasing safety problem throughout Europe for years. At the same time, psychoactive substances such as cannabis, amphetamine or cocaine are extremely popular among young people and characterize the leisure activities of young drivers (Going to clubs, parties, festivals, etc.). Almost 7 % of young German adults (18 - 25 years) state that they regularly use cannabis. Course and analyses underline an increasing, wave-like course of consumption prevalence for cannabis products between 1995 and 2015, with an increase in rates of 33.0 % registered, and even 130.0 % for women.

The establishment of sanctions for novice drivers driving under the influence of alcohol or cannabis, paired with a complete ban for drivers of mixed consumption of cannabis and alcohol is key to increase road safety.

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## IV - Key findings from two recent studies after the entry into force of CanG

- ❑ Evaluation of the Cannabis Consumption Act (EKOCAN): 1st Interim Report
- ❑ Drug Affinity of Adolescents and Young Adults in Germany 2025 (as of 2025) *Drogenaffinitätsstudie 2025*

- Following the entry into force of the Cannabis Consumption Act, there was **no short-term increase** in fatalities or injuries on the roads (*EKOCAN, p. 133*).
- The number of accidents under the influence of intoxicating substances **increased slightly**, though the connection to partial legalization is unclear (*EKOCAN, pp. 6, 133f.*).
- **Self-reported driving under the influence of cannabis** remained nearly unchanged: 28.5% → 26.8% (*EKOCAN, p. 129*).
- **Violations** of § 24a StVG (THC > 3.5 ng/ml) decreased overall by approximately 17% (*EKOCAN, p. 133*).

## Road Safety Overview

### Assessment

→ **No evidence of a significant deterioration in road safety** due to partial legalization (*EKOCAN, p. 135*)

- **Long-term effects cannot yet be assessed**, as the observation period is still short (*EKOCAN, pp. 133f.*)
- Recommendation: **continuous monitoring** and targeted education of new consumer groups (*EKOCAN, p. 134*)

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## Key findings after introduction of CanG



### Consumption Patterns Adolescents

- **No significant increase** in cannabis use among 12–17-year-olds (*Drogenaffinitätsstudie 2025, pp. 3 & 16*)
- **Age of first use remains stable** at 15–16 years (*EKOCAN, p. 113*)
- The **proportion of adolescent users has declined** since 2019 and continues to decrease following partial legalization (*EKOCAN, p. 113*)
- **No increase in availability, supply, or peer-group consumption** (*Drogenaffinitätsstudie 2025, p. 3*)



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## Key findings after introduction of CanG



- **Slight increase** in cannabis use among adults, with no sudden rise following the Cannabis Consumption Act (*EKOCAN*, pp. 6, 190)
- **Among young men (18–25 years): 12-month prevalence increased** from 26.9% (2023) to 31.6% (2025) (*Drogenaffinitätsstudie 2025*, pp. 3 & 12)
- **No change among young women** (18.8% in 2025) (*Drogenaffinitätsstudie 2025*, p. 3)
- **Perceived availability increased** from 31.4% to 39.2% (*Drogenaffinitätsstudie 2025*, pp. 3 & 15)

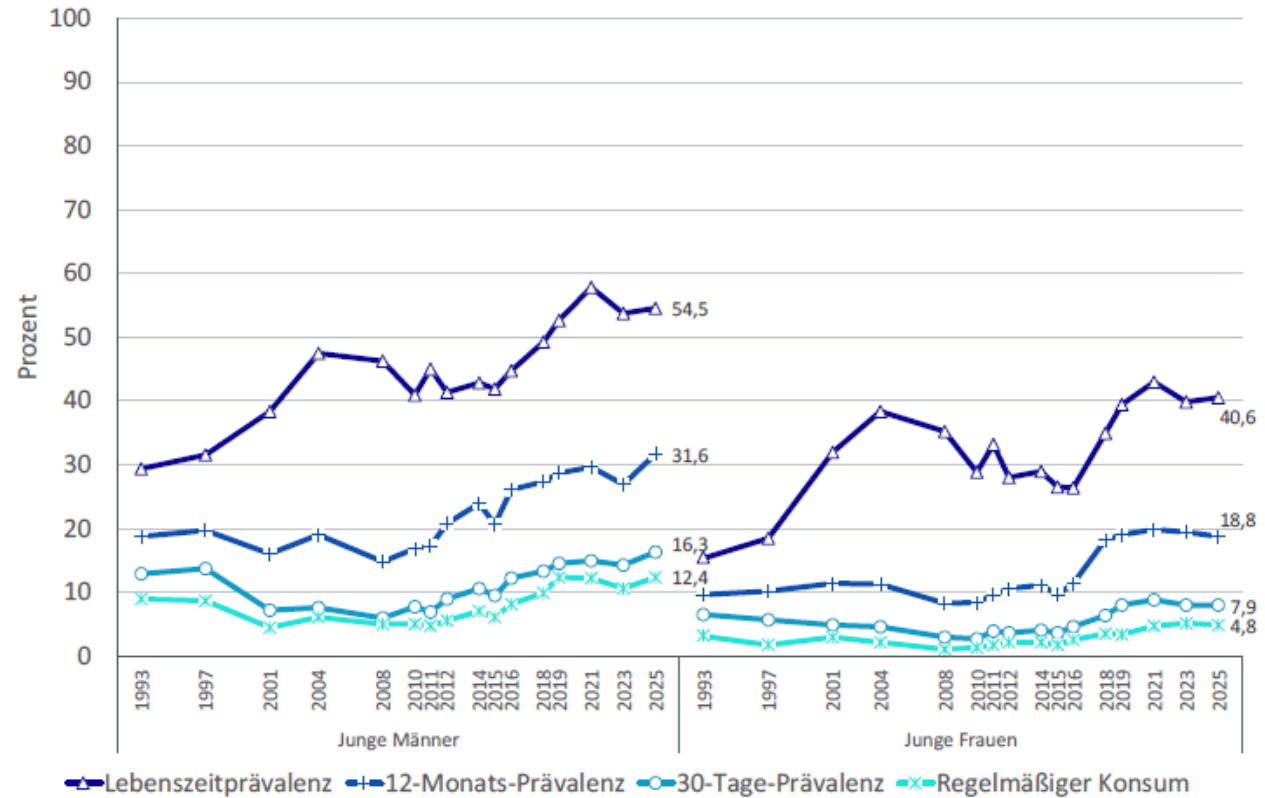
## Consumption Patterns Adults and Young people

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## Consumption Patterns Adolescents and Young Adults



Angaben in Prozent. Die der Abbildung zugrunde liegenden Zahlen sind im Anhang in den Tabellen 7 – 10 zu finden.

**ABBILDUNG 5:** Verbreitung des Cannabiskonsums unter 18- bis 25-jährigen jungen Erwachsenen nach Geschlecht 1993 – 2025

Drug Affinity of Adolescents and Young Adults in Germany 2025

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## Key findings after introduction of CanG



### Adolescents

- Around **10%** of adolescent users exhibit risky consumption patterns (daily/almost daily) (*EKOCAN, p. 113*)
- **No significant increase in problematic cannabis use** among adolescents (*Drogenaffinitätsstudie 2025, p. 14*)
- **Decline in cannabis-related reports** to youth welfare offices and counseling centers (*EKOCAN, p. 6*)
- **Age of first use unchanged** (15–16 years) and few unintended intoxications (*EKOCAN, p. 113*)

## Health & Youth Protection

### Adults

- **No significant change in cannabis-related consumption problems** (*EKOCAN, p. 135*)
- Some indications of a **slight increase in acute health issues** in regional data (*EKOCAN, pp. 6, 135*)
- **Use of addiction and drug counseling services remains unchanged** (*EKOCAN, p. 135*)

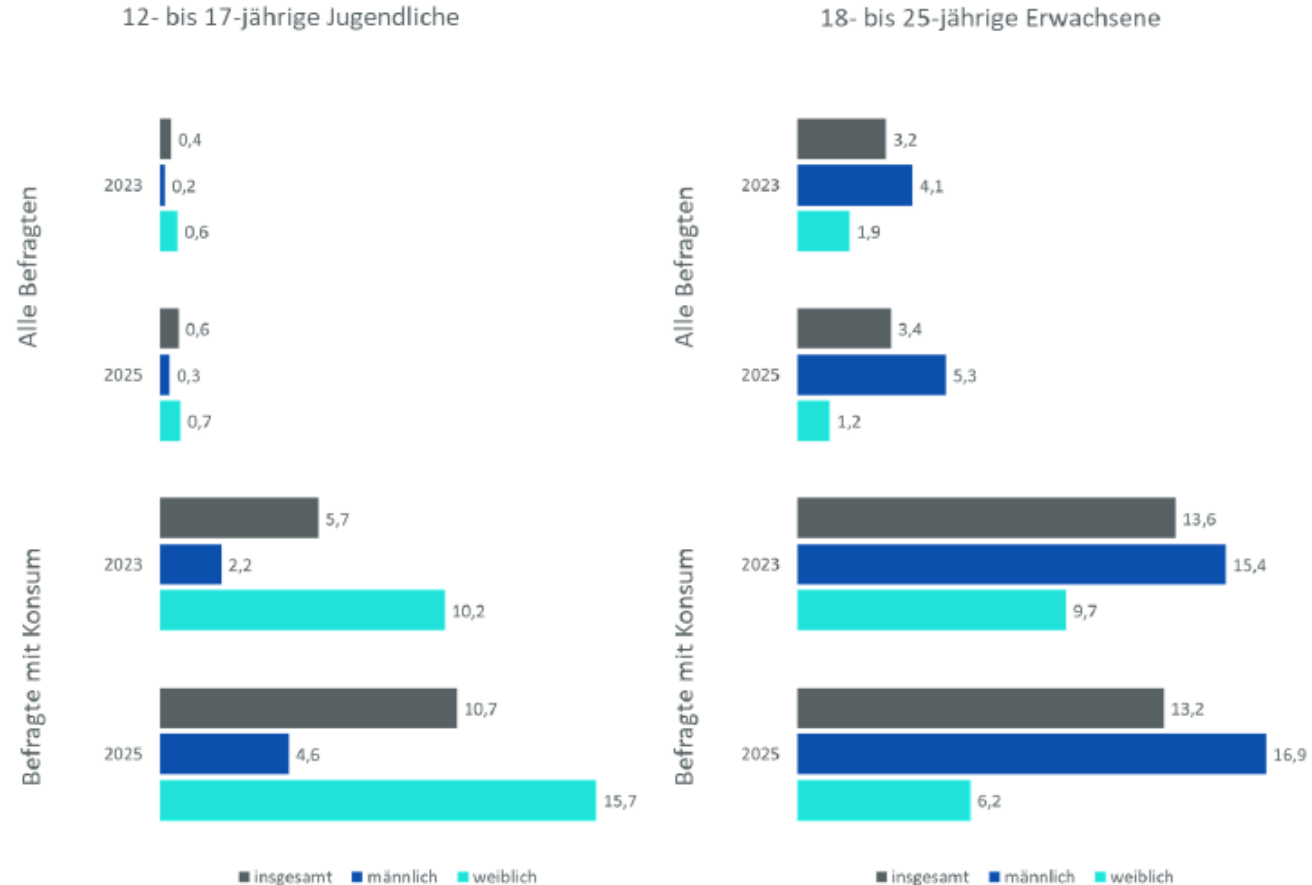
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## Key findings after introduction of CanG



- No significant increase in problematic cannabis use among adolescents and young adults

### Problematic Consumption



Angaben in Prozent. Ergebnisse bezogen auf alle Befragten und auf Befragte mit Konsum in den letzten 12 Monaten.

**ABBILDUNG 6:** Problematischer Cannabiskonsum 2023 und 2025

*Drug Affinity of Adolescents and Young Adults in Germany, 2025*



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## Key findings after introduction of CanG



- **Estimated total consumption in 2024:** 670–823 tons of cannabis (*EKOCAN, p. 80*)
- **12–14% of demand met by medical cannabis** (*EKOCAN, p. 6*)
- **Decline in the black market likely**, but it remains significant (*EKOCAN, p. 82*)
- **“Social supply”** (non-commercial distribution) remains a central, partly illegal source (*EKOCAN, p. 6*)

## Cannabis Market Overview

### Implementation & Police

- **Cultivation associations** have so far not caused significant market displacement (*EKOCAN, p. 191*)
- **Cannabis offenses in the visible market have decreased** by 60–80% (especially consumption-related offenses) (*EKOCAN, p. 7*)
- **Police reports partly insufficient control of possession limits** (measuring devices, distance rules) (*EKOCAN, pp. 171, 185*)

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## Key findings after introduction of CanG



### Conclusion

- **No dramatic changes** due to partial legalization (*EKOCAN, pp. 135f.*)
- **Youth consumption stable**, adult consumption slightly increasing (*Drogenaffinitätsstudie 2025, pp. 3 & 16*)
- **Road safety and health status remain unchanged** (*EKOCAN, pp. 133f., 135*)
- Further **research and evaluation needed until 2028** (*EKOCAN, p. 191*)

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## V - DEKRA Recommendations

- **Mandatory regular assessment of fitness to drive for people caught driving under the influence of cannabis in any of the following cases:** high-dose of active THC in the blood ; high-frequency consumption ; after mixed use of alcohol and other psychoactive substances ; after loss of control linked to cannabis consumption ; personality disorders.
- **Mandatory regular assessment of fitness to drive for people undergoing long-term medical cannabis treatment.**
- **Clear rules for professional drivers**, for example through service instructions or company agreements, accompanied by mandatory checks.
- **Legal certainty for patients, doctors, and authorities** through clear regulation.
- **Direct doctor-patient contact during prescription and dispensing through local pharmacies.**
- **Awareness must be increased** that medical cannabis does not automatically confer driving rights.
- **Conduct more targeted awareness campaigns on drug-driving road safety risks, especially towards young people.**



# Thank you for your attention!